



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 6463

|                             |  |              |                        |                                    |
|-----------------------------|--|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>09/828,698 | FILING OR 371(c)<br>DATE<br>04/07/2001<br>RULE | CLASS<br>709 | GROUP ART UNIT<br>2151 | ATTORNEY<br>DOCKET NO.<br>RIV:0008 |
|-----------------------------|--|--------------|------------------------|------------------------------------|

## APPLICANTS

Ian Day, Residence Not Provided;  
 Elaina E. Von Haas, San Jose, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/04/2001

|  |                  |                      |                    |                         |
|--|------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY | SHEETS DRAWING<br>12 | TOTAL CLAIMS<br>20 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance |                  |                      |                    |                         |
| Verified and<br>Acknowledged<br>Examiner's Signature _____ Initials _____  |                  |                      |                    |                         |

## ADDRESS

23669

## TITLE

CONTEXT-SENSITIVE HELP FOR THIN CLIENT-BASED BUSINESS OPERATIONS PLATFORM

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>420 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------|---|---|